

Case conference: a multi-problem family

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The following is a brief summary of two case conferences held at Victoria Family Medical Centre concerning one family. The names of the patients are, of course, fictitious.

Participants

Michael Brennan, M.D. and Miss B. McCallum, P.H.N., Victoria Family Medical Centre.

Miss Loggie, Family and Children's Services.

Mr. Gerdhart, Children's Psychiatric Research Institute.

Miss A. Clayton, P.H.N. and Mr. T. McCall, Social Worker, Crouch Neighbourhood Resource Centre.

Mr. Spear, Principal, Trafalgar School.

Mrs. McLeod, Red Cross Teaching Homemaker.

The John Thomas Family

Father: John, 44, Brake operator. Dull normal intelligence.

Mother: Lila, 42, Pregnancy, gravida 8. High grade mental defective. Hysterical personality disorder. Socioeconomic distress. Neurodermatitis of legs. Resistance to sterilization.

Brenda, 13, Inability to communicate. Depression.

Fagan, 12, Sociopathic behaviour.

Gerry, 11, Functional abdominal pain. Iron-deficiency anemia.

Irving, 9, Enuresis, aggressive behaviour, marginal school performance.

Zelda, 8, Bed wetter. Temper tantrums. Impetigo. Nutritional anemia.

Patrick, 6, Otitis, rhinitis, pharyngitis, anemia.

Penelope, 2, Left nephrectomy (gross hydronephrosis), September 1969. Anemia.

Mr. Spear had known the family for a long time. He had known Mrs. Thomas when she herself was in school. He gave the Committee an account of

the chronic school problems of Brenda, Fagan and Irving. Brenda's academic performance is very poor and both Fagan and Irving steal and are violent.

Miss Loggie spoke of the inability of the mother to cope with these children. She noted lack of socialization and verbal communication in the home. She expressed a concern for Zelda and her immediate future.

Mr. Gerdhart informed the Conference that Irving had been assessed at the Children's Psychiatric Research Institute where his intelligence was found to be normal. His antisocial behaviour was documented. His non-verbal was better than his verbal functioning and his conceptualizing ability was slightly depressed; both these deficiencies could be accounted for by his social deprivation. His behaviour was described as appropriate considering his unstructured environment, poor adult models, etc. At a conference at the Children's Psychiatric Research Institute in October, 1970, it had been decided that Irving and Fagan would be best removed from the home, as the mother herself requested, and placed in a group treatment facility where they could still maintain some contact with their family. It was recognized that Irving had a strong attachment to Fagan whose behaviour was similar and it was felt that these two should not be separated.

Mrs. McLeod stated that Lila was unable to learn simple cooking routines. All members agreed that Lila had a short attention span. The family was happy to have Mrs. McLeod in the home to prepare the meals.

Miss Clayton gave a detailed description of the home situation. Mr. Thomas was described as being punctual and reliable in his attendance at work. At home, he turns the television volume up to drown the family noise around him, so his interest in the family appears to be mainly in isolating himself from it. Brenda has com-

plained of a lack of any sign of affection from her father, therefore it was not unexpected that she should enjoy the attention shown to her by a transient house guest. Food and shelter are two basic needs that this family does receive, but the quality of nutrition is very poor.

Dr. Brennan reported that Mrs. Thomas came for a routine prenatal checkup on September 3, 1970. At this time she disclosed that her father was an alcoholic and had attacked her mother with a knife on one occasion. She also felt that doctors had sometimes taken advantage of her. On her third visit to the Family Medical Centre, a tubal ligation was suggested. Although this was her eighth pregnancy she felt that she would like more children. She expressed the thought that the operation was too definitive and permanent and that she could "live forever through her children". She briefly considered the idea of a tubal ligation through a posterior colpotomy approach which would not leave an abdominal scar but later rejected it. She did agree that her husband should be sterilized. After first rejecting the suggestion that an IUD should be inserted, she later agreed to this being done following her delivery, if her husband refused sterilization. Subsequently she again reversed her decision.

She has neurodermatitis and bilateral varicose veins. She has had multiple infected areas and self-inflicted scratches on both legs since February, 1970. She wears only slacks and long sleeved blouses because of her skin condition.

On November 12, 1970 she mentioned that people appeared different to her at different times, i.e. "older and changed", "bigger and smaller". She also expressed the fear that she would destroy her baby by overdosing it with medicine or plunging down the stairs. She keeps the blinds in her home pulled down and is extremely distrustful of strangers. She has also sabotaged attempts by agencies to help the family. She talked compulsively and blamed previous physicians for deliberately harming her children with medications "because they were jealous".

On November 16, she was extremely abusive to a nurse at the Medical Centre. She talked incessantly and maintained no doctor had the right to control her body.

Mr. Thomas had not visited the Family Medical Centre at the time of

this Community Case Conference. All children have been brought to the Family Medical Centre for reasons previously noted. Miss McCallum acted as a link between the members of the Conference by obtaining and distributing information. She kept the public health nurse aware of the medical situation and treatment received by the family. Finally, she arranged to bring the members together so that they might set some goals.

Summary of findings

1. Large family with poor level of physical, social and emotional health.
2. Mother unable to cope. She demonstrates psychotic behaviour and borderline retardation. She is damaging the children socially and emotionally.
3. Father inadequate.

Problem identification

- A) Family pathology — severe.
- B) Mother — personality disorder, immature and hysterical; psychotic tendency; high grade mental defect, unable to cope with family.
- C) i) Psychopathological and socio-

- pathological behaviour noted in children (Brenda, Fagan, Irving).
- ii) Physical illness in family (Gerry, Patrick, Penelope).
- iii) Physical environmental deprivation — constant darkness of home, poor nutrition.

Management objectives

Short-term goals:

- 1) Removal of Irving and Fagan.
- 2) Psycho-social evaluation and assessment of Brenda and Zelda.
- 3) Sterilization of either parent — father believed to be the more likely candidate.
- 4) Placement of Brenda in a more appropriate school situation.
- 5) Improvement in nutrition for whole family by homemaker.

Long-term goals:

- 1) Constant support for mother with psychiatric help as required.
- 2) Continual overview of family so that adequate intervention may be provided as early as required.

It was recognized by all members that this family's problems would never be completely solved. However, they felt that by achieving the immed-

iate goals and maintaining constant vigilance they would relieve the family of some pressure, thereby avoiding or modifying serious crises.

A second case conference was held a few weeks later. Review of short-term goals revealed the following:

Miss Loggie: 1) Irving and Fagan have been removed from home.

Mr. McCall: 2) Brenda and Zelda have been assessed at the Madame Vanier Institute; Brenda is to go to special class at Vanier school and receive treatment.

Dr. Brennan: 3) Sterilization of Mr. Thomas has been performed. Mrs. Thomas delivered two days ago.

Mr. Spear: 4) Brenda has been transferred to another school. It was felt that a big sister plus the new environment would be helpful.

Mrs. McLeod: 5) Satisfactory improvement in nutritional habits.

Review of long-term goals confirmed that all members may bring relief to the multiple social, medical and psychological problems of this family. The importance of follow-up care was therefore obvious.

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